a descriptive chart review of the patients aged 1 month to 18 years who were evaluated and underwent to lumbar puncture in the pediatric emergency department between 2012- 2013. Any cases are identified by using a computerized text search followed by a manual chart review. Clinical and laboratory paramethers and radiological evaluations as indicated are given. **Results:** We identified 121 patients. The median age was 50,1 months. Of the patients %62 were male. the most common physical finding was fever in 44 patients and physical examination findings were undefined in 49 cases. Vaccination history was found as written in only 2 patients. the final diagnoses were fever of unknown origin in 43 patients, ventriculoperitoneal shunt complications in 25 patients and febrile convulsions in 16 patients. Cerebrospinal fluid samples for culture were sent from all patients, 5 of them were poztif. All these patients had vp shunt.overall antibiotic administration ratio was %89. **Conclusions:** The most common indication for lumbar puncture is fever but there is not any central nervous system infection in patients who are evaluated as fever of unknown origin.in turkey, conjugated pneumococcal and haemophilus influenza tybe b vaccines are in use for 6 years but still there is an overuse of laboratory and radiologic methods and antimicrobial therapies.

Downloaded from http://journals.lww.com/pccmjournal by BhDMf5ePHKav1zEoum1tQfN4a+kJLhEZgbsIHo4XMi0hCywCX1AWnYQp/IlQrHD3i3D0OdRyi7TvSFl4Cf3VC4/OAVpDDa8KKGKV0Ymy+78= on 10/14/2023

751

EVALUATION OF VITAMIN E, SELENIUM, GLUTATHIONE PEROXIDASE ACTIVITY IN DISSEMINATINATED INTRAVASCULAR COAGULATION

B. Akyldz[1], M. karakukcu[2], M. Kendirci[3], S. Muhtaroglu[4], S. Aydin[5], I. Yilmaz[6], S. Ozsoylu[6]; [1]pediatric intensive care, Erciyes University Faculty of Medicine, Kayseri, Turkey [2]Hematolgy and Oncology, Erciyes University Faculty of Medicine, Kayseri, Turkey [3]Paediatric Metabolism, Erciyes University Faculty of Medicine, Kayseri, Turkey [4]Biochemistry, Erciyes University Faculty of Medicine, Kayseri, Turkey [5]Technology Research and Application Center, Erciyes University Faculty of Medicine, Kayseri, Turkey [6]intensive care, Erciyes University Faculty of Medicine, Kayseri, Turkey

Background and aims: Disseminated intravascular coagulopathy (DIC) is a complex entity with high mortality. In this study we aimed to evaluate the effect of selenium, vitamin E and GSPH-X on DIC patients' mortality. **Methods:** Between 2011–2013, 150 patients in Erciyes University Pediatric Intensive Care Unit were enrolled in the study. The patients divided 2 groups according to DIC score (DIC score >5 and <5). Blood samples were taken for selenium, vitamin E and GSPH-X activity. Age, gender, diagnosis, PRISM and PELOD scores were also recorded at the admission. All data were evaluated with JUMP 5.0 and p<0.005 was accepted statistically significant. **Results:** There were 78 females and 72 men patients with a mean age 49.3 ± 2.3 months (range 1–200). Mean PRISM and PELOD scores were 15.8 ± 9.5 and 16.0 ± 9.5 respectively. Survival was achieved in 73% (n=119) of the patients. Mean plasma selenium, vitamin E, and glutathion peroxidase levels were 67.8 ± 36.5, 9.7 ± 2.8, 82.9 ± 44.3 respectively. On univariate analysis, DIC>5, plasma selenium level and glutathion peroxidase activity were independent predictors of survival (p=0.008, p=0.006, p=0.005 respectively). We furtherly divide the patients with DIC score >5 into 2 groups; sepsis/ severe sepsis and the others. DIC scores were significantly higher in sepsis/severe sepsis group (p<0.0001). Additionally, sepsis/severe sepsis group had significantly lower selenium and vitamin E levels with lower glutahtion peroxidase activity (p=0.0001, p=0.0005, p=0.001 respectively). **Conclusions:** In patients with DIC, plasma selenium, vitamin E levels and GSPH-X activity were significantly low especially in septic patients.

752

A FATAL CASE CAUSED BY MASSIVE HONEY BEE STINGS

B. Akyldz[1], S. Ozsoylu[1], M.A. Ozturk[2], A. Inci[3], O. Duzlu[3], A. Yildirim[3]; [1]pediatric intensive care, Erciyes University Faculty of Medicine, Kayseri, Turkey [2]pediatric emergency care, Erciyes University Faculty of Medicine, Kayseri, Turkey [3]Veterinary Medicine, Erciyes University Faculty of Medicine, Kayseri, Turkey

Background and aims: Bee venom is a complex substance which acts in different ways, local or systemic anaphylaxy associated with IgE immun mediated and direct toxic effects of the large volume of injected venom. **Results:** We report a 10- years-old boy who was the vulnerable of 5989 honey beee attacks. To the best of our knowledge, this case had the ultimate number of honey bee stings in the literature, until now. He was admitted to pediatric intensive care unit after 3 hours of incident. Plasmapheresis was started to remove circulating venom that can cause many systemic side effects. Unfortunately, multiorgan failure developed on the 2nd day of admission due to severe hemolysis and rabdomyolysis. Additional therapies modalities, mechanical ventilation, continue renal replacement theraphy, and antihypertensive drugs were added to the treatment during the disease process. Despite all of the treatments, the patient was failed on 12th day of hospitalization.

753

OUTCOME PREDICTION IN PEDIATRIC INTENSIVE CARE UNITS ELKHADRA HOSPITAL EXPERIENCE WITH PRISM SCORE

T. ammar[1], H. Esahli[1], S. Ittire[1], K. Dougman[1], M. Khalil[1]; [1]picu, elhadba elkhadra hospital, Tripoli, Libya

Background and aims: The PRISM score (Pediatric Risk of Mortality Score) is an objective measurement of 14 physiological variables which reflect the severity of illness. **Aims:** Aiming to assess significance of the PRISM score in the prediction of the outcome in newly established PICU at Tripoli-Libya. **Methods:** Prospectively and randomly selective study. This study involved 139 patients selected randomly from the period of May 2006 till May 2007, 122 of them survived and 17 died (12.2% mortality). **Results:** The PRISM score showed strong correlation with the outcome in terms of survival (p<0.01), and there was no significant difference between predicted and observed mortality rate at different PRISM scores especially at lower scores. The ROC curve plotted showed good results with an area of 70% under the curve. The age showed no predictive power for the outcome (p>0.6), and the predicted/observed mortality rates were nearly the same of neonates and older patients.The other study variables name, sex and diagnosis showed no significance to the outcome and were early excluded from the study. **Conclusions:** The study concluded that the PRISM score is suitable scoring system for the prediction of the mortality and survival rates in EL-KHADRA PICU provided the currant circumstances, services and experience.

754

HEMORRHAGIC FEVER WITH RENAL SYNDROME AND COEXISTING HANTAVIRUS PULMONARY SYNDROME

D. Anic[1], E. Vukas[2], A. Kadic[3]; [1]Pediatric Intensive Care Unit, Pediatric Clinic Clinical Centre University of Sarajevo, Sarajevo, Bosnia and Herzegovina [2]Pediatric Intensive Care Unit - Medical trainee, Pediatric Clinic Clinical Centre University of Sarajevo, Sarajevo, Bosnia and Herzegovina [3]Cardiology, Pediatric Clinic Clinical Centre University of Sarajevo, Sarajevo, Bosnia and Herzegovina

Background and aims: Hantavirus causes hemorrhagic fever with renal syndrome (HFRS) or hantavirus pulmonary syndrome (HPS). HPS progression to a life-threatening pulmonary disease and has mortality rate of approximately 40–50%. The best of our knowledge, there has no published pediatric case of HFRS with coexisting HPS in Bosnia and Herzegovina. **Aims:** Objective of this paper is to describe the treatment and outcome of treatment of HFRS with coexisting HPS. **Methods:** An 11 year old boy presenting with an abrupt respiratory distress, pulmonary edema and renal failure. After admission cardiopulmonary resuscitation lasted for two hours. Received six doses of adrenaline. Introduced in therapeutic hypothermia and hemodialysis. Hantavirus infection was proven by serology: ELISA positive IgM and IgG titers. **Results:** The boy was discharged home completely recovered without complications except mild neurological deficit for which neuropediatricians was not sure that is a consequence of the disease. **Conclusions:** The primary resuscitation was a key for god outcome. In case of renal failure with occurrence severe respiratory failure must alert clinician for possible HPS, especially in endemic areas.

755

THE FACTORS AFFECTING THE MORBIDITY IN POISONED CHILDREN

A. Bal[1], G. Gokalp[1], M. Bilen[1], F. Kamit Can[2], M. Anil[1], A.B. Anil[2]; [1]pediatric emergency, Izmir Tepecik Research and Training Hospital, Izmir, Turkey [2]pediatric intensive care unit, Izmir Tepecik Research and Training Hospital, Izmir, Turkey

Background and aims: Childhood poisoning is an important health problem in all over the world. **Aims:** We aimed to examine the demographic and clinical characteristics affecting the morbidity in acute poisoning cases who applied to the Pediatric Emergency Department. **Methods:** The poisoning cases who applied to the Pediatric Emergency Department of Tepecik Teaching and Research Hospital in Izmir were evaluated prospectively from January to November in 2013. **Results:** We studied 435 children with poisoning (female/male: 202/235; median age= 30 months; range: 2–384 months). The most common factors leading to intoxication were household products (207, 47.6%) and drugs (158, 36.3%). 377 (86.7%) of the cases were unintentional. 76 patients (17.5%) had symptoms on admission. Only nine patients (2.1%) received antidote therapy. 140 (32.2%) patients were given activated charcoal. 116 (26.7%) children were underwent gastric lavage. 106 of the patients (24.4%) were discharged from the emergency department. 129 cases (29.7) (45.5) were under observation < 24 hours. 198 cases were hospitalized. 7 of them were admitted to the intensive care unit. The age of children hospitalized was greater than the others (p<0.05). **Conclusions:** In children, older age, existence of symptoms, existence of laboratory abnormalities, poisoning with a substance not in original container are increasing the morbidity.